

SERFF Tracking Number:	NAVG-125415168	State:	Arkansas
Filing Company:	Navigators Insurance Company	State Tracking Number:	#22675 \$50
Company Tracking Number:	EPL-F-108-AR		
TOI:	17.1 Other Liability - Claims Made Only	Sub-TOI:	17.1010 Employment Practices Liability
Product Name:	Employment Practices Liability		
Project Name/Number:	Employment Practices Liability Form Filing/EPL-F-108-AR		

Filing at a Glance

Company: Navigators Insurance Company		
Product Name: Employment Practices Liability	SERFF Tr Num: NAVG-125415168	State: Arkansas
TOI: 17.1 Other Liability - Claims Made Only	SERFF Status: Closed	State Tr Num: #22675 \$50
Sub-TOI: 17.1010 Employment Practices Liability	Co Tr Num: EPL-F-108-AR	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
	Author: Valerie Brink	Disposition Date: 01/23/2008
	Date Submitted: 01/07/2008	Disposition Status: Approved
Effective Date Requested (New): On Approval		Effective Date (New):
Effective Date Requested (Renewal):		Effective Date (Renewal):
State Filing Description:		

General Information

Project Name: Employment Practices Liability Form Filing	Status of Filing in Domicile: Not Filed
Project Number: EPL-F-108-AR	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 01/23/2008	
State Status Changed: 01/23/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
We are submitting the attached new forms (NAV-EPL-039 (12/07); NAV-EPL-040 (12/07); NAV-EPL-041 (12/07); NAV-EPL-042 (12/07)) for your review and approval. In addition, we are revising our policy application for the program, NAV-EPL-APP (4/07). These forms will be used with our Employment Practices Liability Program.	

Company and Contact

Filing Contact Information

SERFF Tracking Number: NAVG-125415168 State: Arkansas
Filing Company: Navigators Insurance Company State Tracking Number: #22675 \$50
Company Tracking Number: EPL-F-108-AR
TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1010 Employment Practices Liability
Product Name: Employment Practices Liability
Project Name/Number: Employment Practices Liability Form Filing/EPL-F-108-AR

Valerie Brink, Compliance Analyst vbrink@navg.com
1375 E. WOODFIELD RD (847) 285-9044 [Phone]
SCHAUMBURG, IL 60173 (847) 230-1934[FAX]

Filing Company Information

Navigators Insurance Company CoCode: 42307 State of Domicile: New York
1375 E. Woodfield Rd. Group Code: 510 Company Type: P&C
Schaumburg, IL 60173 Group Name: Navigators Group, State ID Number:
Inc.
(847) 285-9006 ext. [Phone] FEIN Number: 13-3138390

SERFF Tracking Number:	NAV-125415168	State:	Arkansas
Filing Company:	Navigators Insurance Company	State Tracking Number:	#22675 \$50
Company Tracking Number:	EPL-F-108-AR		
TOI:	17.1 Other Liability - Claims Made Only	Sub-TOI:	17.1010 Employment Practices Liability
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Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
22675	\$50.00	01/04/2008

SERFF Tracking Number:	NAVG-125415168	State:	Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	01/23/2008	01/23/2008

<i>SERFF Tracking Number:</i>	<i>NAVG-125415168</i>	<i>State:</i>	<i>Arkansas</i>
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<i>TOI:</i>	<i>17.1 Other Liability - Claims Made Only</i>	<i>Sub-TOI:</i>	<i>17.1010 Employment Practices Liability</i>
<i>Product Name:</i>	<i>Employment Practices Liability</i>		
<i>Project Name/Number:</i>	<i>Employment Practices Liability Form Filing/EPL-F-108-AR</i>		

Disposition

Disposition Date: 01/23/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: NAVG-125415168 State: Arkansas

Filing Company: Navigators Insurance Company State Tracking Number: #22675 \$50

Company Tracking Number: EPL-F-108-AR

TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1010 Employment Practices Liability

Product Name: Employment Practices Liability

Project Name/Number: Employment Practices Liability Form Filing/EPL-F-108-AR

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	EPL Application Comparison	Approved	Yes
Form	Amend Notice of Claim (knowledge)	Approved	Yes
Form	Amend Section IV. Exclusions., A.	Approved	Yes
Form	Split Retroactive Date	Approved	Yes
Form	Amend Settlement Clause (50/50 Allocation)	Approved	Yes
Form	Employment Practices Liability Insurance Application	Approved	Yes

SERFF Tracking Number: NAVG-125415168 State: Arkansas

Filing Company: Navigators Insurance Company State Tracking Number: #22675 \$50

Company Tracking Number: EPL-F-108-AR

TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1010 Employment Practices Liability

Product Name: Employment Practices Liability

Project Name/Number: Employment Practices Liability Form Filing/EPL-F-108-AR

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Amend Notice of Claim (knowledge)	NAV-EPL-039	12/07	Endorsement/Amendment/Conditions		0.00	NAV-EPL-039 Amend Notice of Claim_knowledge_.pdf
Approved	Amend Section IV. Exclusions., A.	NAV-EPL-040	12/07	Endorsement/Amendment/Conditions		0.00	NAV-EPL-040 BI-PD Endorsement_amended_.pdf
Approved	Split Retroactive Date	NAV-EPL-041	12/07	Endorsement/Amendment/Conditions		0.00	NAV-EPL-041 Split Retroactive Date.pdf
Approved	Amend Settlement Clause (50/50 Allocation)	NAV-EPL-042	12/07	Endorsement/Amendment/Conditions		0.00	NAV-EPL-042 AMEND SETTLEMENT CLAUSE_50-50 Allocation_.pdf
Approved	Employment Practices Liability APP Insurance Application	NAV-EPL-APP	4/07	Application/Replacement Binder/Enrollment	Replaced Form #: NAV-EPL-APP (2/07) Previous Filing #: EPLI-AR-F-307	0.00	EPL Application (4-07).pdf

Policy Number:

Endorsement No.

**Amend Notice of Claim
(knowledge)**

It is hereby understood and agreed that Policy Section VII., NOTICE OF CLAIM, A. is deleted entirely and replaced with the following:

- A. The INSUREDS shall, as a precedent to their rights under this Policy, shall give the INSURER notice in writing of any CLAIM which is first made during the Policy as soon as practicable after the Chief Financial Officer, General Counsel, or Risk Manager or any EMPLOYEES within the human resource department with personnel and risk management responsibilities of the COMPANY becomes aware of such CLAIM, but in no event later than sixty (60) days after the end of the POLICY PERIOD.

All other terms and conditions of this Policy remain the same.

Policy Number:

Endorsement No.

Amend Section IV. Exclusions., A.

It is hereby understood and agreed that Section IV. EXCLUSIONS A., is amended as follows:

- A. for bodily injury (other than mental anguish, humiliation or employment related emotional distress), including but not limited to sickness, disease, rape, body searches, imprisonment, abuse of process, trespass, nuisance or wrongful entry or eviction or death of any person, or to injury to or destruction of any tangible property, including loss of use thereof;

All other terms and conditions of this policy remain the same.

NAVIGATORS INSURANCE COMPANY

SPLIT RETROACTIVE DATE

Policy Number: <<>>
Endorsement No.

It is understood and agreed that

With respect to the first \$_____ in Limit of Liability, it is agreed that Item 5. on the Declarations, Retroactive Date, is amended to read in its entirety as follows:

Retroactive Date:

With respect to the layer \$_____ excess of the first \$_____, it is agreed that Item 5. on the Declarations, Retroactive Date, is amended to read in its entirety as follows:

Retroactive Date:

Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions, provisions, agreements or limitations of the Policy other than as above stated.

Policy Number:
Endorsement No.

**AMEND SETTLEMENT CLAUSE
(50 / 50 Allocation)**

It is hereby understood and agreed that Policy Section VII., NOTICE OF CLAIM, D. is deleted entirely and replaced with the following:

If the INSURED shall refuse to consent to any settlement or compromise recommended by INSURER and acceptable to the claimant and elects to contest the CLAIM, Insurer's liability for any LOSS shall not exceed: (1) the amount for which the INSURER could have settled such CLAIM plus DEFENSE COSTS incurred as of the date such settlement was proposed in writing by the INSURER, ("Settlement Amount") plus (2) 50% of covered LOSS in excess of such Settlement Amount, it being a condition of this Policy that the remaining 50% of such LOSS excess of the Settlement Amount shall be carried by the INSURED at their own risk and be uninsured. Notwithstanding the foregoing, this paragraph shall not apply until the Settlement Amount exceeds the Retention amount stated in Item 4 of the Declarations.

Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions, provisions, agreements or limitations of the above mentioned Policy other than as above stated.



Navigators

Name of Insurance Company to which application is made

EMPLOYMENT PRACTICES LIABILITY INSURANCE APPLICATION

NOTICE: THE POLICY FOR WHICH APPLICATION IS BEING MADE APPLIES, SUBJECT TO ITS TERMS, ONLY TO "CLAIMS" FIRST MADE AND REPORTED DURING THE "POLICY PERIOD," OR, IF ELEGIBLE, ANY PRIMARY AND SUPPLEMENTAL EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED BY "DEFENSE COSTS," AND "DEFENSE COSTS" WILL BE APPLIED AGAINST THE RETENTION. READ THE ENTIRE APPLICATION BEFORE SUBMITTING.

Applicant Details

Applicant's Name (Parent Company):

Email Address:

Designated Contact:

Website Address:

Address:

State:

City:

Zip Code:

Business Phone:

Fax:

Organization Details

State of Organization:

Date of Organization:

Type of Organization: ☐ Joint Venture ☐ Partnership ☐ Private Corporation ☐ Public Corporation ☐ Sole Proprietorship
☐ Other, please specify:

Nature Of Business (Please select one option that best describes the primary nature of business)

Category 1

- ☐ Auto/Truck Manufacturing (Union)
- ☐ Hospitality
- ☐ Insurance Company / Broker
- ☐ Mining
- ☐ Oil & Gas
- ☐ Publishing
- ☐ Real Estate
- ☐ Restaurants
- ☐ Textiles
- ☐ Utilities

- ☐ Community & Commercial Banks / Credit Unions
- ☐ Hotels
- ☐ Manufacturing
- ☐ Mortgage Brokers
- ☐ Professionals
- ☐ Railroads
- ☐ Rental & Leasing
- ☐ Retail
- ☐ Transportation

Category 2

- ☐ Casino
- ☐ Contracting / Construction
- ☐ Hospitals
- ☐ Newspaper / Magazine Publisher
- ☐ Social Services Agencies (Non Government)

- ☐ Computer Hardware
- ☐ Financial Institutions
- ☐ Life Science
- ☐ Political Organizations

Category 3

- ☐ Advertising Firms
- ☐ All other Healthcare Concerns incl. Nursing Homes / Home Healthcare
- ☐ Computer Software
- ☐ Credit Search
- ☐ Personnel Agencies (Non-temp only)

- ☐ Airlines
- ☐ Aviation
- ☐ Country Clubs / Private Social Clubs
- ☐ Entertainment

Category 4

- ☐ Auto Dealers
- ☐ Child Cared (School Affiliated)
- ☐ Educational Entities
- ☐ Investment Banking Firms
- ☐ Leasing / Term Firms
- ☐ Mutual Funds
- ☐ PEO's

- ☐ Broker / Dealer
- ☐ Churches
- ☐ Investment Advisor Firms
- ☐ Law Firms
- ☐ Money Center Banks
- ☐ Non-Profit Organizations
- ☐ Public Entities

Category 5

- ☐ Other
- Please specify:

Locations

How many locations does the applicant have?

Employment Profile

Employment Year	2007		2006	
Employee Region	United States	Overseas	United States	Overseas
Full-time employees:				
Part-time employees (incl. seasonal & temporary)				
Independent contractors:				

Please enter the percentage of employees for the following categories:

Union:	%
Non-union:	%

What was the annual employee turnover rate for the last 4 years?

2007	%	2006	%	2005	%	2004	%
------	---	------	---	------	---	------	---

What percentage of employment terminations have been involuntary over the past 2 years?

2007	%	2006	%
------	---	------	---

Involuntary Employment Termination with respect to this application means notification to an employee that such employee will no longer be employed by the company or its subsidiaries, whether such notification is effective immediately or in the future. Involuntary Employment Termination shall also include actual or alleged constructive discharge.

Percentage of employees with salaries (including bonuses) greater than \$100,000?

%

Has the applicant had any branch, location, or subsidiary closings, consolidations or layoffs in the last twenty-four (24) months?

☐ Yes ☐ No

Does the Applicant anticipate any branch, location, or subsidiary closings, consolidation or layoffs?

☐ Yes ☐ No

Human Resources – Written Procedures

Does the Applicant have written procedures/guidelines in place with regard to the following?

- | | |
|--|--|
| 1. ADA Compliance | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Affirmative Action Program | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Discipline | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Discrimination | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Employment Assistance Program | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Employment at Will | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Equal Employment Opportunity | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Family Medical Leave Act | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Grievance Policy | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Hiring/Interviewing | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Regular Performance Appraisals/Reviews | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Sexual Harassment | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. Sick Leave/Maternity Leave | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14. Termination Procedure/Progressive Discipline | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Human Resources – Risk Management

- | | |
|--|--|
| Does the applicant have a human resources department? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are the human resources matters handled in branch offices and/or subsidiaries in the same manner or similar manner as the home office? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is there an employee handbook? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is it distributed to all employees? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has the applicant informed employees that incidents of sexual harassment may be reported without fear of retaliation by the applicant? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the applicant use any tests to screen applicants either for hire or promotion? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are all prospective employees required to complete an application prior to hire? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the Applicant have a formal out-placement program which assists former employees in obtaining alternate employment? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the applicant have policies or procedures outlining employee conduct when dealing with the general public or persons outside of the Applicant's direction or control? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is there a policy concerning assistance provided to employees with AIDS or any other life-threatening or communicable disease? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are all employment terminations subject to prior review by human resources / personnel department and legal review? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Coverage History

- Do you currently have employment practices liability insurance? ☐ Yes ☐ No

Please list prior employment practices liability insurance for the past year (either stand-alone policies or supplemental coverage provided under some other type of insurance):

Inception	Expiration	Insurance Company	Limits	Retention	Premium

MISSOURI APPLICANTS/AGENTS – DO NOT ANSWER THIS QUESTION

Has a previous insurer ever cancelled or non-renewed the Applicant for employment practices liability insurance (either on a stand-alone basis or as supplemental coverage provided under some other type of insurance)? ☐ Yes ☐ No

Loss History

In the last 3 years, have any employment practices claims ever been made? ☐ Yes ☐ No

What is the desired Pending & Prior litigation date for the applicant?

Does anyone for whom insurance is intended have any knowledge or information of any act, error, omission, fact or circumstance which may give rise to a claim which may fall within the scope of the proposed insurance?

☐ Yes ☐ No

IT IS UNDERSTOOD AND AGREED THAT IF SUCH KNOWLEDGE OR INFORMATION EXISTS, ANY CLAIM ARISING THEREFROM IS EXCLUDED FROM THIS PROPOSED INSURANCE.

Has the Applicant ever been in any grievance or administrative hearing before the following agencies or under any of the following acts?:

- | | | |
|--|------------------------------|-----------------------------|
| 1. Age Discrimination in Employment Act | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. American with Disabilities Act | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Any other Governmental Agency or Act | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Civil Rights Act of 1991 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Equal Employment Opportunity Commission | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. National Labor Relations Board | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

IT IS UNDERSTOOD AND AGREED THAT IF ANY SUCH CLAIMS EXIST, OR ANY SUCH FACTS OR CIRCUMSTANCES EXIST WHICH COULD GIVE RISE TO A CLAIM, THEN THOSE CLAIMS AND ANY OTHER CLAIMS ARISING FROM SUCH FACTS OR CIRCUMSTANCES ARE EXCLUDED FROM THE PROPOSED INSURANCE.

Corporate History

Has the Applicant acquired any companies or partnerships in the last three years? ☐ Yes ☐ No

With respect to any acquisitions, were any employees, partners, or officers terminated or does the Applicant plan in the next eighteen (18) months to terminate any employees, partners or officers?

☐ Yes ☐ No

Please provide details:

Has the Applicant sold any companies in the last three (3) years? ☐ Yes ☐ No

Please provide details:

Requested Coverage

Requested Effective Date:

month	day	year

Limits of Liability:

<input type="checkbox"/> \$250,000/\$250,000	<input type="checkbox"/> \$500,000/\$500,000	<input type="checkbox"/> \$1,000,000/\$1,000,000	<input type="checkbox"/> \$2,000,000/\$2,000,000
<input type="checkbox"/> \$3,000,000/\$3,000,000	<input type="checkbox"/> \$4,000,000/\$4,000,000	<input type="checkbox"/> \$5,000,000/\$5,000,000	

Retention:

<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$15,000	<input type="checkbox"/> \$25,000
<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$75,000	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$150,000
<input type="checkbox"/> \$200,000	<input type="checkbox"/> \$250,000		

NOTICE TO APPLICANT – PLEASE READ CAREFULLY.

FOR THE PURPOSES OF THIS APPLICATION, THE UNDERSIGNED AUTHORIZED AGENT OF THE PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS HEREIN ARE TRUE AND COMPLETE. THE UNDERWRITER IS AUTHORIZED TO MAKE ANY INQUIRY IN CONNECTION WITH THIS APPLICATION. SIGNING THIS APPLICATION DOES NOT BIND THE UNDERWRITER TO COMPLETE, OR THE APPLICANT TO PURCHASE, THE INSURANCE.

THE INFORMATION CONTAINED IN AND SUBMITTED WITH THIS APPLICATION IS ON FILE WITH THE UNDERWRITER AND ALONG WITH THE APPLICATION IS CONSIDERED PHYSICALLY ATTACHED TO THE POLICY AND WILL BECOME PART OF IT. THE UNDERWRITER WILL HAVE RELIED UPON THIS APPLICATION AND ATTACHMENTS IN ISSUING ANY POLICY. THE APPLICATION WILL BECOME A PART OF SUCH POLICY IF ISSUED.

IF THE INFORMATION IN THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE POLICY EFFECTIVE DATE, THE APPLICANT WILL NOTIFY THE UNDERWRITER, WHO MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION.

THE UNDERSIGNED DECLARES THAT THE PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE UNDERSTAND THAT:

- (I) THE POLICY SHALL APPLY ONLY TO CLAIMS MADE (OR DEEMED MADE) TO THE UNDERWRITER DURING THE POLICY PERIOD OR TO CLAIMS MADE TO THE UNDERWRITER DURING ANY APPLICABLE EXTENDED REPORTING PERIOD;
- (II) THE LIMIT OF LIABILITY CONTAINED IN THE POLICY SHALL BE REDUCED, AND MAY BE COMPLETELY EXHAUSTED, BY THE CLAIMS EXPENSES AND, IN SUCH EVENT, THE UNDERWRITER SHALL NOT BE LIABLE FOR CLAIMS EXPENSES OR FOR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT TO THE EXTENT THAT SUCH COST OR LIMIT EXCEEDS THE LIMIT OF LIABILITY IN THE POLICY; AND
- (III) CLAIMS EXPENSES THAT ARE INCURRED SHALL BE APPLIED AGAINST THE RETENTION AMOUNT.

NOTICE TO ARIZONA APPLICANTS: For your protection, Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

NOTICE TO CALIFORNIA APPLICANTS: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO IDAHO APPLICANTS: Any person who, knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false or misleading information is guilty of a felony.

NOTICE TO INDIANA APPLICANTS: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete or misleading information commits a felony.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer in guilty of a crime.

NOTICE TO NEVADA APPLICANTS: Pursuant to NRS686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

NOTICE TO NEW JERSEY APPLICANTS: Any person who knowingly makes an application for motor vehicle insurance coverage containing any statement that the applicant resides or is domiciled in this state when, in fact that applicant resides or is domiciled in a state other than this state, is subject to criminal and civil penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS - WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

NOTICE TO ARKANSAS AND LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE, NEW MEXICO AND WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO TENNESSEE AND VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO KENTUCKY AND PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or another person, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and civil penalties.

I UNDERSTAND AND ACKNOWLEDGE THAT THE ATTACHED POLICY CONTAINS A DEFENSE WITHIN LIMITS PROVISION WHICH MEANS THAT DEFENSE COSTS WILL REDUCE MY LIMITS OF INSURANCE AND MAY EXHAUST THEM COMPLETELY. SHOULD THAT OCCUR, I SHALL BE LIABLE FOR ANY FURTHER LEGAL DEFENSE COSTS AND DAMAGES.

APPLICANT		
BY (<i>President and/or Executive Officer</i>)	TITLE	DATE

NOTE: This Application is signed by the undersigned authorized agent of the **Applicant** on behalf of the **Applicant** and all of its partners, owners, shareholders, officers, and employees.

REQUIRED INFORMATION

PRODUCED BY (<i>Insurance Agent</i>)
Please print and sign name

INSURANCE AGENCY	
INSURANCE AGENCY TAXPAYER ID OR SOCIAL SECURITY NO.	AGENT LICENSE NO.
ADDRESS (<i>No., Street, City, State, and Zip</i>)	
EMAIL ADDRESS	

SUBMITTED BY (<i>Insurance Agency</i>)	INSURANCE AGENCY TAXPAYER ID OR SOCIAL SECURITY NO.	AGENT LICENSE NO.
ADDRESS (<i>No., Street, City, State, and ZIP</i>)		

<i>SERFF Tracking Number:</i>	<i>NAVG-125415168</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Navigators Insurance Company</i>	<i>State Tracking Number:</i>	<i>#22675 \$50</i>
<i>Company Tracking Number:</i>	<i>EPL-F-108-AR</i>		
<i>TOI:</i>	<i>17.1 Other Liability - Claims Made Only</i>	<i>Sub-TOI:</i>	<i>17.1010 Employment Practices Liability</i>
<i>Product Name:</i>	<i>Employment Practices Liability</i>		
<i>Project Name/Number:</i>	<i>Employment Practices Liability Form Filing/EPL-F-108-AR</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: NAVG-125415168 State: Arkansas
Filing Company: Navigators Insurance Company State Tracking Number: #22675 \$50
Company Tracking Number: EPL-F-108-AR
TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1010 Employment Practices Liability
Product Name: Employment Practices Liability
Project Name/Number: Employment Practices Liability Form Filing/EPL-F-108-AR

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 01/23/2008

Comments:

Attachment:

P&C Transmittal - AR Forms.pdf

Satisfied -Name: EPL Application Comparison **Review Status:** Approved 01/23/2008

Comments:

Attachment:

EPL App Comparison (4-07 to 2-07).pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Group NAIC #
The Navigators Group, Inc.	510

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Navigators Insurance Company	NY	42307	13-3138390	

5. Company Tracking Number	EPL-F-108-AR
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Valerie Brink 1375 E. Woodfield Rd, Ste 720 Schaumburg IL 60173	Compliance Analyst	847-285-9044	847/230-1934	vbrink@navg.com
7. Signature of authorized filer					
8. Please print name of authorized filer			Valerie Brink		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	Other Liability - 17.2
10. Sub-Type of Insurance (Sub-TOI)	Professional Liability - 17.2021
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Employment Practices Liability Program
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: Approval Date Renewal:
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	1/7/08
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		EPL-F-108-AR		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)		N/A		
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Amend Notice of Claim (knowledge)	NAV-EPL-039 (12/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Amend Section IV. Exclusions., A.	NAV-EPL-040 (12/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Split Retroactive Date	NAV-EPL-041 (12/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04	Amend Settlement Clause (50/50 Allocation)	NAV-EPL-042 (12/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05	Employment Practices Liability Insurance Application	NAV-EPL-APP (4/07)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	NAV-EPL-APP (2/07)	
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		



Navigators

Name of Insurance Company to which application is made

EMPLOYMENT PRACTICES LIABILITY INSURANCE APPLICATION

NOTICE: THE POLICY FOR WHICH APPLICATION IS BEING MADE APPLIES, SUBJECT TO ITS TERMS, ONLY TO "CLAIMS" FIRST MADE AND REPORTED DURING THE "POLICY PERIOD," OR, IF ELEGIBLE, ANY PRIMARY AND SUPPLEMENTAL EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED BY "DEFENSE COSTS," AND "DEFENSE COSTS" WILL BE APPLIED AGAINST THE RETENTION. READ THE ENTIRE APPLICATION BEFORE SUBMITTING.

Applicant Details

Applicant's Name (Parent Company):

Email Address:

Address:

State:

Zip Code:

City:

Business Phone:

Fax:

Designated Contact:

Website Address:

Organization Details

State of Organization:

Date of Organization:

Type of Organization: ☐ Joint Venture ☐ Partnership ☐ Private Corporation ☐ Public Corporation ☐ Sole Proprietorship
☐ Other, please specify:

Nature Of Business (Please select one option that best describes the primary nature of business)

Category 1

- ☐ Auto/Truck Manufacturing (Union)
- ☐ Hospitality
- ☐ Insurance Company / Broker
- ☐ Mining
- ☐ Oil & Gas
- ☐ Publishing
- ☐ Real Estate
- ☐ Restaurants
- ☐ Textiles
- ☐ Utilities

- ☐ Community & Commercial Banks / Credit Unions
- ☐ Hotels
- ☐ Manufacturing
- ☐ Mortgage Brokers
- ☐ Professionals
- ☐ Railroads
- ☐ Rental & Leasing
- ☐ Retail
- ☐ Transportation

Category 2

- ☐ Casino
- ☐ Contracting / Construction
- ☐ Hospitals
- ☐ Newspaper / Magazine Publisher

- ☐ Computer Hardware
- ☐ Financial Institutions
- ☐ Life Science
- ☐ Political Organizations

☐ Social Services Agencies (Non Government)

Category 3

- ☐ Advertising Firms
☐ All other Healthcare Concerns incl. Nursing Homes / Home Healthcare
☐ Computer Software
☐ Credit Search
☐ Personnel Agencies (Non-temp only)

- ☐ Airlines
☐ Aviation
☐ Country Clubs / Private Social Clubs
☐ Entertainment

Category 4

- ☐ Auto Dealers
☐ Child Cared (School Affiliated)
☐ Educational Entities
☐ Investment Banking Firms
☐ Leasing / Term Firms
☐ Mutual Funds
☐ PEO's

- ☐ Broker / Dealer
☐ Churches
☐ Investment Advisor Firms
☐ Law Firms
☐ Money Center Banks
☐ Non-Profit Organizations
☐ Public Entities

Category 5

- ☐ Other
Please specify:

Locations

How many locations does the applicant have?

Employment Profile

Employment Year	2007		2006	
Employee Region	United States	Overseas	United States	Overseas
Full-time employees:				
Part-time employees (incl. seasonal & temporary)				
Independent contractors:				

Please enter the percentage of employees for the following categories:

Union:	%
Non-union:	%

What was the annual employee turnover rate for the last 4 years?

2007	%	2006	%	2005	%	2004	%
------	---	------	---	------	---	------	---

~~How many involuntary~~What percentage of employment terminations have ~~occurred in~~been involuntary over the past 2 years?

2007	%	2006	%
------	---	------	---

Involuntary Employment Termination with respect to this application means notification to an employee that such employee will no longer be employed by the company or its subsidiaries, whether such notification is effective immediately or in the future. Involuntary Employment Termination shall also include actual or alleged constructive discharge.

Percentage of employees with salaries (including bonuses) greater than \$100,000?

%

Has the applicant had any branch, location, or subsidiary closings, consolidations or layoffs in the last twenty-four (24) months?

☐ Yes ☐ No

Does the Applicant anticipate any branch, location, or subsidiary closings, consolidation or layoffs?

☐ Yes ☐ No

Human Resources – Written Procedures

Does the Applicant have written procedures/guidelines in place with regard to the following?

- | | |
|--|--|
| 1. ADA Compliance | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Affirmative Action Program | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Discipline | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. <u>Discrimination</u> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Employment Assistance Program | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Employment at Will | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Equal Employment Opportunity | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Family Medical Leave Act | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Grievance Policy | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Hiring/Interviewing | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Regular Performance Appraisals/Reviews | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Sexual Harassment | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. Sick Leave/Maternity Leave | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14. Termination Procedure/Progressive Discipline | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Human Resources – Risk Management

- | | |
|--|---|
| Does the applicant have a human resources department? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are the human resources matters handled in branch offices and/or subsidiaries in the same manner or similar manner as the home office? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is there an employee handbook? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is it distributed to all employees? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is there a written procedure for handling employee complaints of harassment and/or discrimination? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have anti sexual harassment policies and procedures been implemented by the Applicant? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has the applicant informed employees that incidents of sexual harassment may be reported without fear of retaliation by the applicant? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the applicant use any tests to screen applicants either for hire or promotion? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are all prospective employees required to complete an application prior to hire? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is there a formal orientation program for new employees? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are regular (at least annual), written performance evaluations completed for and provided to all employees? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the Applicant have a formal out-placement program which assists former employees in obtaining alternate employment? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the applicant have policies or procedures outlining employee conduct when dealing with the general public or persons outside of the Applicant's direction or control? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is there a policy concerning assistance provided to employees with AIDS or any other life-threatening or communicable disease? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are all employment terminations subject to prior legal review? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are all employment terminations subject to prior review by human resources / personnel department? <u>and legal review?</u> | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Coverage History

Do you currently have employment practices liability insurance? ☐ Yes ☐ No

Please list prior employment practices liability insurance for the past year (either stand-alone policies or supplemental coverage provided under some other type of insurance):

Inception	Expiration	Insurance Company	Limits	Retention	Premium

MISSOURI APPLICANTS/AGENTS – DO NOT ANSWER THIS QUESTION

Has a previous insurer ever cancelled or non-renewed the Applicant for employment practices liability insurance (either on a stand-alone basis or as supplemental coverage provided under some other type of insurance)? ☐ Yes ☐ No

Loss History

In the last 3 years, have any employment practices claims ever been made? ☐ Yes ☐ No

What is the desired Pending & Prior litigation date for the applicant?

Does anyone for whom insurance is intended have any knowledge or information of any act, error, omission, fact or circumstance which may give rise to a claim which may fall within the scope of the proposed insurance? ☐ Yes ☐ No

IT IS UNDERSTOOD AND AGREED THAT IF SUCH KNOWLEDGE OR INFORMATION EXISTS, ANY CLAIM ARISING THEREFROM IS EXCLUDED FROM THIS PROPOSED INSURANCE.

Has the Applicant ever been in any grievance or administrative hearing before the following agencies or under any of the following acts?:

1. Age Discrimination in Employment Act

☐ Yes ☐ No
2. American with Disabilities Act

☐ Yes ☐ No
3. Any other Governmental Agency or Act

☐ Yes ☐ No
4. Civil Rights Act of 1991

☐ Yes ☐ No
5. Equal Employment Opportunity Commission

☐ Yes ☐ No
6. National Labor Relations Board

☐ Yes ☐ No

IT IS UNDERSTOOD AND AGREED THAT IF ANY SUCH CLAIMS EXIST, OR ANY SUCH FACTS OR CIRCUMSTANCES EXIST WHICH COULD GIVE RISE TO A CLAIM, THEN THOSE CLAIMS AND ANY OTHER CLAIMS ARISING FROM SUCH FACTS OR CIRCUMSTANCES ARE EXCLUDED FROM THE PROPOSED INSURANCE.

~~Does the Applicant utilize any form of alternative dispute resolution? ☐ Yes ☐ No~~

Corporate History

Has the Applicant acquired any companies or partnerships in the last three years? ☐ Yes ☐ No

With respect to any acquisitions, were any employees, partners, or officers terminated or does the Applicant plan in the next eighteen (18) months to terminate any employees, partners or officers? ☐ Yes ☐ No

Please provide details:

--

Has the Applicant sold any companies in the last three (3) years? ☐ Yes ☐ No

Please provide details:

--

Requested Coverage

Requested Effective Date:

month	day	year			
<table border="1"><tr><td></td></tr></table>		<table border="1"><tr><td></td></tr></table>		<table border="1"><tr><td></td></tr></table>	

Limits of Liability:

<input type="checkbox"/> \$250,000/\$250,000	<input type="checkbox"/> \$500,000/\$500,000	<input type="checkbox"/> \$1,000,000/\$1,000,000	<input type="checkbox"/> \$2,000,000/\$2,000,000
<input type="checkbox"/> \$3,000,000/\$3,000,000	<input type="checkbox"/> \$4,000,000/\$4,000,000	<input type="checkbox"/> \$5,000,000/\$5,000,000	

Retention:

<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$15,000	<input type="checkbox"/> \$25,000
<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$75,000	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$150,000
<input type="checkbox"/> \$200,000	<input type="checkbox"/> \$250,000		

NOTICE TO APPLICANT – PLEASE READ CAREFULLY.

FOR THE PURPOSES OF THIS APPLICATION, THE UNDERSIGNED AUTHORIZED AGENT OF THE PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS HEREIN ARE TRUE AND COMPLETE. THE UNDERWRITER IS AUTHORIZED TO MAKE ANY INQUIRY IN CONNECTION WITH THIS APPLICATION. SIGNING THIS APPLICATION DOES NOT BIND THE UNDERWRITER TO COMPLETE, OR THE APPLICANT TO PURCHASE, THE INSURANCE.

THE INFORMATION CONTAINED IN AND SUBMITTED WITH THIS APPLICATION IS ON FILE WITH THE UNDERWRITER AND ALONG WITH THE APPLICATION IS CONSIDERED PHYSICALLY ATTACHED TO THE POLICY AND WILL BECOME PART OF IT. THE UNDERWRITER WILL HAVE RELIED UPON THIS APPLICATION AND ATTACHMENTS IN ISSUING ANY POLICY. THE APPLICATION WILL BECOME A PART OF SUCH POLICY IF ISSUED.

IF THE INFORMATION IN THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE POLICY EFFECTIVE DATE, THE APPLICANT WILL NOTIFY THE UNDERWRITER, WHO MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION.

THE UNDERSIGNED DECLARES THAT THE PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE UNDERSTAND THAT:

- (I) THE POLICY SHALL APPLY ONLY TO CLAIMS MADE (OR DEEMED MADE) TO THE UNDERWRITER DURING THE POLICY PERIOD OR TO CLAIMS MADE TO THE UNDERWRITER DURING ANY APPLICABLE EXTENDED REPORTING PERIOD;
- (II) THE LIMIT OF LIABILITY CONTAINED IN THE POLICY SHALL BE REDUCED, AND MAY BE COMPLETELY EXHAUSTED, BY THE CLAIMS EXPENSES AND, IN SUCH EVENT, THE UNDERWRITER SHALL NOT BE LIABLE FOR CLAIMS EXPENSES OR FOR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT TO THE EXTENT THAT SUCH COST OR LIMIT EXCEEDS THE LIMIT OF LIABILITY IN THE POLICY; AND
- (III) CLAIMS EXPENSES THAT ARE INCURRED SHALL BE APPLIED AGAINST THE RETENTION AMOUNT.

NOTICE TO ARIZONA APPLICANTS: For your protection, Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

NOTICE TO CALIFORNIA APPLICANTS: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO IDAHO APPLICANTS: Any person who, knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false or misleading information is guilty of a felony.

NOTICE TO INDIANA APPLICANTS: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete or misleading information commits a felony.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEVADA APPLICANTS: Pursuant to NRS686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

NOTICE TO NEW JERSEY APPLICANTS: Any person who knowingly makes an application for motor vehicle insurance coverage containing any statement that the applicant resides or is domiciled in this state when, in fact that applicant resides or is domiciled in a state other than this state, is subject to criminal and civil penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS - WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

NOTICE TO ARKANSAS AND LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE, NEW MEXICO AND WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO TENNESSEE AND VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO KENTUCKY AND PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or another person, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and civil penalties.

I UNDERSTAND AND ACKNOWLEDGE THAT THE ATTACHED POLICY CONTAINS A DEFENSE WITHIN LIMITS PROVISION WHICH MEANS THAT DEFENSE COSTS WILL REDUCE MY LIMITS OF INSURANCE AND MAY EXHAUST THEM COMPLETELY. SHOULD THAT OCCUR, I SHALL BE LIABLE FOR ANY FURTHER LEGAL DEFENSE COSTS AND DAMAGES.

APPLICANT		
BY (<i>President and/or Executive Officer</i>)	TITLE	DATE

NOTE: This Application is signed by the undersigned authorized agent of the **Applicant** on behalf of the **Applicant** and all of its partners, owners, shareholders, officers, and employees.

REQUIRED INFORMATION

PRODUCED BY (<i>Insurance Agent</i>)
Please print and sign name

INSURANCE AGENCY	
INSURANCE AGENCY TAXPAYER ID OR SOCIAL SECURITY NO.	AGENT LICENSE NO.
ADDRESS (<i>No., Street, City, State, and Zip</i>)	
EMAIL ADDRESS	

SUBMITTED BY (<i>Insurance Agency</i>)	INSURANCE AGENCY TAXPAYER ID OR SOCIAL SECURITY NO.	AGENT LICENSE NO.
ADDRESS (<i>No., Street, City, State, and ZIP</i>)		